



## EDMONDS FIRE DEPARTMENT MEMORANDUM

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**Date:** September 12, 2008

**To:** Mayor and Council

**From:** Thomas J. Tomberg, Fire Chief  
Mark J. Correira, Assistant Fire Chief

**Subject:** EMS Transport User Fees

Fire Administration respectfully requests that the City Council consider implementing Emergency Medical Service (EMS) Transport User Fees effective January 1, 2009 or as soon as practical thereafter.

This white paper was reviewed by City Attorney Scott Snyder and Finance Director Kathleen Junglov. The City Attorney wrote the section immediately below and Appendix A.

This paper strives to explain why EMS transport user fees are justified, recommends potential program implementation steps, and describes how a user fee program might operate.

### **HISTORY AND THE LEGAL AUTHORITY TO INSTITUTE EMS TRANSPORT USER FEES**

The City's previous involvement with EMS user fees began and ended in 1997. Attached [Appendix A](#) addresses the history of the previous effort, and expands upon the legal aspects of instituting EMS transport user fees beyond information contained in this section.

As a code city, Edmonds is organized under the authority of RCW Title 35A and can exercise "all powers possible for a city or town to have under the Constitution of this state, and not specifically denied to code cities by law" (RCW 35A.11.020).

Several classes of cities and towns are authorized to establish ambulance services and charge for the service, see for example RCW 35.21.766, 35.23.456 and 35.27.370(15). The latter authorization for towns provides the broadest statement of authority: "[t]o operate ambulance service which may serve the town and surrounding rural areas and, in the discretion of the council to make a charge for such service." In addition, municipalities are constitutionally authorized to provide proprietary as well as governmental services.

The fee for service must be based upon the city's actual cost of providing the service. Providing an accurate accounting of the basis for the charge is necessary to differentiate a transport fee from an illegal, i.e., unauthorized, tax. This paper includes a theoretical cost basis for setting a user fee. Using standard governmental accounting practices helps establish the reasonableness of the fee, see *Home Builder's Ass'n of Kitsap County v. City of Bainbridge Island*, 137 Wn App 338 (2007). Since other statutory statements of authority allow for an ambulance service through a city utility, standard utility rate principals provide excellent guidance when establishing a fee. For example, rates should be uniform within classes of users.

The authority to set a user fee schedule is “specifically delegated by statute to the Council.” EMS transport user fees are not subject to initiative or referendum.

### **SERVICE STIPULATION**

To avoid any misunderstanding by the reader, the ability to pay will never be a condition of EMS service, whether pre-emergent preparedness, emergency response, medical care and treatment at the scene, and/or EMS transport of a patient to a hospital.

### **EMS SERVICE DELIVERY**

EMS is provided by the Edmonds Fire Department directly to patients by:

- 36 Firefighter/Emergency Medical Technicians assigned to the Operations Division who provide initial response and basic life support (BLS), and
- 12 Firefighter/Paramedics assigned to the Advanced Life Support Division (ALS) who provide a higher level of assessment and treatment.

The Fire Chief, Assistant Chief, Training Chief, and Executive Assistant administer and support the EMS program.

### **PRIVATE AMBULANCE TRANSPORT CHARGES PAID BY EDMONDS RESIDENTS**

In 2007, 389 Edmonds residents and/or their insurers received bills for service when transported by private ambulance. Edmonds Fire units were the initial responders, treated and provided care to the patient at the scene, and made the radio call to SNOCOM to request the private ambulance.

The condition(s) prompting the private ambulance request include:

- A BLS patient specifically requested transfer to a hospital other than Stevens Memorial Hospital (SMH)
- SMH was on “divert”—only accepting critical patients
- EFD BLS and ALS units at or near depletion

- Private nurse units called to transfer BLS and/or stable ALS patients when an intravenous line was started or medication administered by Edmonds personnel.

Of 389 transports billed to users by private transport providers, one complaint was received by Edmonds Fire Administration.

### **USER FEE CONCEPT**

Currently the voter-approved EMS levy and regular property tax (General Fund) pay for all direct and indirect program components:

#### **Direct**

- 9-1-1 reporting and dispatch
- EMS response
- Assessment, care and treatment at the scene
- Use of medical tools, equipment, and supplies at the scene
- Transport to hospital or receiving facility.

#### **Indirect**

- Capital for land acquisition, construction, maintenance, and replacement of structures and vehicles
- Acquisition, care, maintenance, and/or replacement of medical tools, equipment, and supplies
- Administration
- Compliance
- Risk management
- Training
- Records
- Quality assurance and improvement
- Legal
- 24-7-365 standby.

Use of direct and indirect EMS system components do not currently result in a user fee; however, use in which the patient is transported to a hospital or appropriate receiving facility in a vehicle operated by an EMS provider makes it legally permissible for a user fee to be charged.

Medicare, Medicaid, and most other private insurance policies – health, auto, and /or homeowners – allow for payment of EMS transport services.

To provide medical transport and not bill a patient or the patient's insurance carrier(s) is to overlook a legal, reputable, common, and well-established user fee that helps defray the cost to the community of providing comprehensive EMS life and safety services. By not charging a transport fee, individual users, private, and/or public insurers are not asked to pay a legitimate charge for service that, in the case of insurers, the patient paid to the carrier in the form of premiums for this type of direct use of the health care system.

## **EMS TRANSPORT USER FEES IN SNOHOMISH COUNTY**

EMS transport user fees are common in the county and among jurisdictions that levy regular property taxes and have voter-approved EMS levies to include cities, the one Regional Fire Protection Service Authority and 17 fire protection districts who serve unincorporated areas and cities identified below:

Arlington	Everett	Marysville	Silvana
Arlington Heights	Getchell	Monroe	Snohomish
Brier	Gold Bar	Mountlake Terrace	Stanwood
Bryant	Granite Falls	Mukilteo	Startup
Clearview	Index	Oso	Sultan
Darrington	Lake Stevens	Robe Valley	

## **HOW MUCH MIGHT BE GENERATED BY AN EMS TRANSPORT USER FEE?**

The City of Everett adopted EMS transport user fees in 2004. Using figures from February 16, 2007 to January 16, 2008 provided by them for comparison, EMS transport fees in Edmonds may generate approximately \$700,000 in 2009. In 2007, there were 2,259 transports by Edmonds Fire/EMS units from addresses inside City boundaries and the contract fire-EMS jurisdictions.

## **WHY INSTITUTE EMS TRANSPORT USER FEES?**

The combination of the voter-approved EMS levy (estimated at 3.856 million dollars in 2009) and transport fees (estimated at 700,000 dollars in 2009) will help propel the EMS delivery system toward becoming self-supporting.

Currently, a funding gap exists between funds provided by the recent EMS levy and the actual cost to supply emergency medical services. As a result, the City General Fund (which is made up of the regular property taxes) is required to make up the difference. Transport user fees, combined with voter-approved EMS levy funds, will help stabilize EMS funding to ensure continued quality emergency medical care to the community and preserve General Fund monies to meet other City needs and programs.

EMS costs are determined annually by taking the number of EMS calls as a percent of all calls from the previous year and applying that percentage to the total amount of the Fire Department program budget plus additional expenses minus the annual Fire Prevention budget.

In 2007, 71 percent of Fire Department responses were medical in nature. The Fire Department program budget is the amount that appears in the annual budget book. Additional Expenses also appear in the annual budget book and are apportioned in whole or in part to the Fire Department for:

- Station 20 contract payment
- Transfers to Fund 511 Apparatus Replacement Fund
- Transfers to the Fire Pension

- 1996 and 2003 Public Safety Bond
- Emergency Services Coordinating Agency (ESCA)
- SNOCOM
- 800 MHz Radio Snohomish County Bond
- Transfers to LEOFF Health

Computed EMS costs in 2008 using the above formula:

2008 EFD Program Budget	\$7,256,018
2008 Additional Expenses	<u>+ 778,335</u>
	8,034,353
2008 Fire Prevention Budget	<u>- 257,619</u>
	7,776,734
2007 EMS Call Volume of 71 Percent	<u>x .71</u>
	5,521,481

In 2008, EMS service delivery costs are approximately \$5,521,481.

NOTE: neither the 2009 EMS levy amount nor the Fire Department 2009 budget will be finalized until later in the year.

**CITY WORK GROUP**

If Council wishes to consider instituting EMS transport user fees, an internal Work Group should be formally established as soon as possible to include at minimum the Fire Chief, Assistant Chief, City Attorney, and Finance Director or their designee(s), and appropriate support staff.

Council may wish to assign a Council member(s) to the Work Group in order to provide a “sense of the Council” as work proceeds.

Council may wish to decide if transport user fees will be billed internally or contracted out to a billing agency. If the latter, the Work Group should be authorized to begin meeting with contractors who can provide insight into the complex mechanics of EMS transport billing and have a wealth of current and up-to-date billing and collections experience to draw upon and share with the group.

**CITIZEN PARTICIPATION**

Council may wish to determine the level and kind of public participation in the EMS transport user fees evaluation process to include, but not limited to, public hearings and/or establishing a blue ribbon commission of interested citizens to review, comment and make recommendation to Council based on Work Group recommendations.

**EMS TRANSPORT USER FEE ELEMENTS**

Transport user fee policies, procedures, and enabling ordinances are written in a variety of ways to accommodate the public, elected officials, the service provider,

and to meet the requirements of statutes and case law governing ambulance service.

Below are examples of transport user fee design elements Council may wish to see incorporated into a draft ordinance, operational policies and procedures, and patient billing practices. Many of these policies, procedures, and practices are currently employed by EMS providers and billing contractors in the Puget Sound region and Snohomish County. The draft design elements also reflect informal input from the public and elected officials gleaned by Fire Administration over the past, and the past experiences of the authors of this report who previously worked for municipal and/or district Fire/EMS agencies with transport user fees.

### Level of Use Determines Fee

Patients whose medical transport requires greater intervention and expense bear a proportionately larger share of the cost. Below are recommended billing criteria and recommended amounts for Council consideration.

1. Basic Life Support – Aid Unit transport by EMTs as defined in Chapter 18.73 RCW requiring noninvasive, basic emergency treatment skills recommended fee: \$475. Everett bills \$475.
2. Advanced Life Support Level 1 – Medic Unit transport by Paramedics requiring advanced medical treatment skills beyond the scope of EMTs as defined in Chapter 18.71 RCW recommended fee: \$700. Everett bills \$694.
3. Advanced Life Support Level 2 – Medic Unit transport by Paramedics at Level 1 plus a greater degree of intervention – manual defibrillation / cardio conversion, endotracheal intubation, cardiac pacing, chest decompression, surgical airway, intraosseous line, use of supplies and equipment recommended fee: \$800. Everett bills \$800.
4. Mileage assessed per loaded mile one way, that is, mileage with patient on board from the emergency scene to the receiving facility recommended charge: \$15.50. Everett bills \$15.42.
5. Annual adjustment for inflation, fuel costs, and the increased cost of doing business.

The attempt to perfectly align costs with transport revenue in a future budget is elusive since the EMS call volume, level of service used, mileage, and collection rate cannot be predicted. The goal of an annual, self-supporting EMS program remains just that, a goal. In the case of Everett, approving a mileage adjustment to \$15.42 based on transport data illustrates a good faith effort to accurately align costs with revenues (EMS levy, transports fees, regular property tax) to the best of their ability and to the penny.

### User Classes

It is recommended that Council establish the user classes identified below.

1. EMS Members. City residents and those of EMS contract jurisdictions—Esperance, Woodway—who sign a City-approved form that contains an assignment of insurance benefits to the City, together with an appropriate release of medical information. See EMS Membership section below.
2. Nonmembers Category A. Persons who do not meet EMS membership criteria who sign a City-approved form that contain an assignment of insurance benefits to the City, together with an appropriate release of medical information.
3. Nonmembers Category B. Persons, regardless of residence; who refuse to sign or are unable to sign a City-approved form containing an assignment of insurance benefits to the City, together with an appropriate release of medical information; refuse to provide any insurance information; and/or who state that they have no insurance.
4. Nonmembers Category C. Persons transported by Edmonds Fire personnel from inside the geographical boundaries of Automatic Aid jurisdictions – Lynnwood, Mountlake Terrace, Shoreline, or the unincorporated areas of Snohomish County other than Esperance protected by Fire District #1.

### EMS Membership

EMS membership is not a pre-emergency process, but is offered by EMS personnel and signed by the patient or authorized representative at the time of the medical emergency and is part of the EMS incident documentation process.

Regardless of residence, Council may decide to expand EMS Membership to City employees and employees who are working on the business premises of an EMS levy tax-paying business located in the City.

EMS membership ceases when the patient no longer meets any of the established membership criteria, or refuses to sign the membership/release/assignment forms.

### Billing Within the Recommended User Classes

The User Class in the above section numbered 1 through 4 is matched with the recommended billing procedure below.

1. EMS Members. All bills are sent to the patient's insurance carrier(s). EMS membership permits that portion of a transport bill not paid by a primary or secondary insurer, supplemental insurer, third-party insurer, Medicare, Medicaid, or any other insurance or medical benefits available to the member to be deemed as having been paid by the EMS property tax levy on owners of property in Edmonds.

2. Nonmembers Category A who sign appropriate forms. All bills are sent to the patient's primary or secondary insurer, supplemental insurer, third-party insurer, Medicare, Medicaid, and/or to any other insurance or provider of medical benefits available to the patient. Unpaid balances are sent to the patient's residence. The City may contract with a collection agency to bill and collect unpaid transport user fees for services rendered as appropriate, or pursue non-payment as a civil enforcement instituted by the City Attorney.
3. Nonmembers Category B, regardless of residence, who refuse to sign or are unable to sign appropriate forms; refuse to provide any insurance information; and/or who state that they have no insurance. All bills are sent to the patient's residence. The City may contract with a collection agency to bill and collect unpaid transport user fees for services rendered as appropriate, or pursue non-payment as a civil enforcement instituted by the City Attorney.
4. Nonmembers Category C. Absent a legal agreement to do so, persons transported by Edmonds Fire personnel from inside the geographical boundaries of Automatic Aid jurisdictions – Lynnwood, Mountlake Terrace, Shoreline, or the unincorporated areas of Snohomish County other than Esperance protected by Fire District #1 would not receive a bill for service. This is an infrequent transport type and currently no agreements to bill inside each other's jurisdiction for transport exist or are under discussion. In the future, agreements between two or more co-operators could occur.

#### General Billing Procedure and Criteria

Below are recommended and required criteria for guiding the user fee billing process.

1. The ability to pay will never be a condition of EMS service, whether pre-emergent preparedness, emergency response, medical care and treatment at the scene, and/or EMS transport of a patient to a hospital.
2. It is the intent of billing for use of the EMS transfer service that the revenues generated in combination with proceeds from the EMS levy will move toward the goal of making the EMS delivery system self-supporting.
3. All persons transported by the Edmonds Aid and/or Paramedic Units shall be charged for all services provided by the Fire Department except as indicated in the above section (4. Automatic Aid jurisdictions). Each person transported will be billed for all services rendered by the Fire Department. EMS members and nonmembers shall be billed at the same rate.
4. Billing is applied within and among each user class in a fair, equitable, and consistent manner.

5. Eligible recipients of Medicare and Medicaid are billed to the maximum rate allowed under applicable requirements and guidelines of the Medicare and Medicaid programs.
6. Every user shall have the opportunity to pay for EMS services rendered. Failing to bill every user or their insurer(s) as described within each class description is unfair to all users with or without insurance who make reasonable efforts to pay their debts under a variety of federal, state, and private insurance programs, and/or out of their own pockets as a lump sum or by installment.
7. The Fire Department will provide EMS transport services to a wide variety of users – EMS members and nonmembers, residents and nonresidents, insured and uninsured, and cooperative and uncooperative. For these reasons the City or its billing contractor must have wide latitude in sending out bills to recoup the cost of service provision. The more exceptions to transport billing, the more difficult it is to administer the program, collect fees to maintain a self-supporting service, and ensure uniformity, equity, and fairness within and among different user classes.
8. The difference between fees for services provided and the amount collected within billing parameters established by Council from all reasonable, available, and legal sources is deemed uncollectible and shall be reported as such on an annual basis.

Fire Administration recommends Council enter into a contract(s) with a private provider(s) for billing and collection for user transports provided by the Fire Department. Private contractors bring technical expertise and assistance to the process, and have the experience to navigate the complex rules governing billing and cost recovery through the various federal, state, and private insurance programs. Private billing contractors usually bill per medical incident report processed. The general range is from \$19 to \$23 per report processed plus postage. Collection rates are generally based on a percentage of the outstanding balance.

It is important to note City policy with regard to unpaid balances as described for the user classes above and what bills are and are not sent to patients' residences and under what conditions.

#### Caveat

Insurers routinely send patients who have received any medical service a document that looks like a bill and frequently, but not always, notes in bold letters THIS IS NOT A BILL. This document advises the patient of the medical service received, the service provider, total charges, amount of the charge covered by the insurer(s), and the outstanding balance, if any, that is considered the responsibility of the patient.

The Everett Fire Chief reports the THIS IS NOT A BILL document, which may be received by the three user classes identified above from their insurer(s), is virtually

the only type of question/comment/complaint they receive from Everett residents since implementing EMS transport user fees.

### **EQUIPMENT REQUIREMENTS**

Implementing transport user fees adds another aspect to EMS crews' current response, treatment, and transport process. To facilitate collection of insurance billing information, and ensure a rapid return to available-to-respond status, the Department needs to acquire computerized tablets designed to run EMS reporting software. Four tablets can be acquired at an approximate cost of \$20,000. The EMS reporting software under discussion for use countywide is estimated to cost \$20,000 a year annually.

There are other reasons to acquire computerized tablets at the time transport user fees are implemented. Medical incident reporting in Snohomish County is migrating toward a paperless EMS reporting system provided by a single vendor. A uniform system has the following advantages:

- One standard system in use countywide
- Data from all county providers stored in one location
- Report information easily shared and accessible
- Data and trend analysis easier
- Quality assurance improved
- County hospitals better able to transfer patient healthcare information
- Portability of healthcare information from receiving hospitals is critical when gathering insurance billing information and will reduce the percent of uncollectible accounts.

### **EVALUATING AND INSTITUTING EMS TRANSPORT USER FEES – ACTION CHECKLIST**

Appendix B, attached, addresses Evaluating and Instituting EMS Transport User Fees, and provides an Action Item Checklist if Council wishes the Work Group to proceed further in the process of preparing implementation of EMS transport user fees for potential Council action.

### **FREQUENTLY ASKED QUESTIONS (FAQ)**

Appendix C will be a Frequently Asked Questions guide about EMS transport user fees. It will answer questions, provide information, and contain billing agency and City of Edmonds contact information to include email and phone.

Information contained in Appendix C will be posted on the City and Fire Department websites.

As part of the 2009-2010 Fire Department Work Plan, a Customer Satisfaction Survey will be implemented to provide feedback on all services provided by EFD personnel to include patient experience with EMS transport user fees.

Although there is never a single this-answer-fits-all-questions type of response, the FAQ will represent the knowledge and experience accumulated by EMS providers nationwide who have adopted EMS transport user fees. The FAQ will be tailored to the Edmonds program.

The FAQ remains under development pending the particulars of the Edmonds EMS transport user fee program.

**NEXT STEP**

The informal Work Group – Fire Administration, Finance, and the City Attorney – awaits Council direction.

C: City Attorney Scott Snyder  
Finance Director Kathleen Junglov

## APPENDIX A

### THE HISTORY OF TRANSPORT FEES AND USE OF INITIATIVE AND REFERENDUM

In November, 1996, Medic 7, an interlocal agency of which the City was a member, recommended imposition of a transport fee on individuals utilizing Medic 7's advanced life support system. A committee of Medic 7 recommended setting a transport fee at a level that would generate enough funds to account for funds previously contributed by Snohomish County Fire District No. 1 (who had withdrawn from Medic 7) based upon a projected number of transport fees for the coming year. The committee recognized that a private insurance, Medicaid and Medicare would cover most of the transport fees for most users, thereby maximizing available resources of limiting the use of taxpayers' funding. The Medic 7 Board of Directors passed a resolution imposing a \$400 transfer fee to commence in January of 1997. Medic 7 contracted with the medical billing service to perform all the billing functions required for the transport fee. The individual municipal members were not involved in implementing or administering the transport fee. One member, Lynnwood, elected to pay the cost of transport fees incurred by its citizens through an increased assessment. Edmonds made a similar election in November 1997.

Edmonds' citizens expressed that the transport fee might be a disincentive to request emergency medical service for individuals who were worried about their ability to pay any transport fee. In response, the City placed an increase to the EMS levy on the ballot for 1997 and established a fund to cover the cost of transport fees for persons meeting certain financial eligibility criteria would otherwise be unable to cover the cost of the fees.

On July 30, 1997, a citizens group, Citizens Opposing Unsound Practices ("COUP") filed an initiative petition with the City. The initiative contained many of the provisions regarding a fund to assist needy individuals but also contained a number of administrative provisions imposing significant restrictions on the City Council's discretion and addressing the provision of Emergency Medical Services. The initiative would have required (1) the establishment of a dedicated EMS fund in the City's accounting system; (2) the deposit of all proceeds of the EMS levy in the EMS fund; (3) that the EMS fund be first used to pay for the provision of advanced life support services (via Medic 7 or any successor provider) and that any remaining funds then be used to pay for basic life support services; (4) that the City not impose any fee-for-service type funding mechanism for the provision of advanced life support services; and (5) that that City's representative on the Board of Directors for Medic 7 actively oppose any fee-for-service type funding mechanism for advanced life support systems.

When the Snohomish county auditor certified the signatures on the petition on August 8, 1997, the petition was returned to the City for further action. As provided in RCW 35.17.260, the City Council declined to approve the initiative and passed an ordinance placing the matter on the ballot.

At the same time, the City Council then authorized a declaratory judgment action seeking to have the initiative declared invalid and sought a preliminary injunction. The citizens group declined to answer or file any pleading. The Snohomish County Superior Court eventually held that the issue was “moot,” declined to rule on a City motion for summary judgment and allowed the circulators to withdraw their petition for an initiative without ruling on the merits of the case. Then Council member Gary Haakenson brokered a deal with COUP to campaign for the EMS levy in exchange for a commitment of City Council to forgo transport fees for five years.

I review this history because it is likely to come up if the City Council considers a transport fee. While Medic 7 has dissolved, citizen opposition to transport fees may lead to a discussion of an initiative or referendum. The City Council’s prior actions were based on an important limitation on the power of direct legislation by initiative and referendum. There are two basic inquiries to determine whether a matter is subject to initiative and referendum: (1) whether the action at issue is properly categorized as “legislative” or “administrative” in nature; and (2) whether the statutory authority for the action was specifically granted to the City’s “legislative body” or to the City as a corporate entity. *Lince v. City of Bremerton*, 25 Wash. App. 309, 311, 607 P.2d 329 (1980). The Washington courts have long recognized that amendments of an existing legislative scheme, such as a zoning ordinance, are beyond the initiative power. *Leonard v. City of Bothell*, 87 Wn. 2d 847, 557 P.2d 1306 (1976); *Ruano v. Spellman*, 81 Wn.2d 820, 505 P.2d 447 (1973); *State ex rel Guthrie v. Richland*, 80 Wn.2d 382, 494 P.2d 990 (1972); *State ex rel Haas v. Pomeroy*, 50 Wn.2d 23, 308 P.2d 684 (1957). An attempt to use the initiative or referendum process could run afoul of the first limitations and would clearly violate the second.

A fundamental limitation on the exercise of the people’s direct power of initiative and referendum is that the power is “limited in scope to subject matter which is legislative in nature.” *Ford v. Logan*, 79 Wn.2d 147, 155, 483 P.2d 1247 (1973). The courts have consistently set forth the following test for determining when an act is legislative in nature:

Actions relating to subjects of permanent and general character are usually regarded as legislative, and those providing for subjects of temporary and special character are regarded as administrative...

The test of what is legislative and what is an administrative proposition, with respect to the initiative or referendum, has further been said to be whether the proposition is one making new law or to execute law already in existence. The power to be exercised is legislative in nature if it prescribes a new policy or plan; whereas, it is administrative in nature if it merely pursues a plan already adopted by the legislative body itself, or some power superior to it.

*Leonard*, 87 Wn.2d at 850 (quoting 5 *E McQuillan, The Law of Municipal Corporations*, Section 16.55 at 223 (3rd Ed. 1969 revised volume).

The transport fee initiative descended into a level of administrative detail that is clearly beyond the initiative power.

Secondly, and given the language of the enabling statute, the most important limitation is that the decision to establish a transport fee would be an exercise of a power specifically delegated to the City Council. See RCW 35.27.370(15) (“in the discretion of the City Council”). An initiative or referendum may not seek to exercise or restrict a power specifically delegated to the City Council. In this case, the decision to establish a transport fee and set its amount is specifically delegated by statute to the discretion of the City Council.

## APPENDIX B

### **EVALUATING AND INSTITUTING EMS TRANSPORT USER FEES**

Evaluating and instituting EMS transport user fees:

1. Direct staff how to proceed
2. Make decisions to continue or halt at any time along the continuum
3. Develop comprehensive program with implementing and operating criteria, policies, procedures, and practices
4. Meet state and federal program requirements
5. Receive and process public input
6. Formally adopt and implement program – ordinance, public hearing(s), Council vote, implement, set effective date
7. Enter into contract(s) as required
8. Begin full operation
9. Review effectiveness and impact via feedback, data, and formal reports
10. Modify as appropriate.

<b><u>ACTION ITEM CHECKLIST</u></b>	<b><u>BY</u></b>	<b><u>STATUS</u></b>
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Action items may be pursued concurrently, individually, in combination, and/or bundled. The order is not necessarily chronological.

- |   |                       |      |
|---|-----------------------|------|
| 1. Prepare and present EMS Transport User Fee White Paper   | Fire                  | Done |
| 2. Set Council Agenda Calendar for deliberation / public input / action                           | Council               |      |
| 3. Consider user classes, fees, billing and collection policies                                   | Work Group<br>Council |      |
| 4. Decide on final program elements   | Work Group<br>Council |      |
| 5. Prepare and present EMS transport user fee draft policy and procedure for Council deliberation | Work Group            |      |

6. Prepare Council ordinance for consideration	City Attorney	
7. Conduct public process	Council	
8. Approve EMS transport user fee ordinance	Council	
8. Apply for State EMS license	Fire	Done
9. Determine if new Tax ID number required	Finance	
10. Contract with billing agency(ies)	Work Group Council	
11. Apply for Medicare Provider Number	Fire	
12. Apply for other Provider Number after receipt of Medicare Number - Medicaid, L&I, etc.	Fire	
13. Appoint HIPPA Officer	Fire	
14. Acquire computer tablets and software	Fire	
15. Develop patient signature/release of benefits form, usually included with Medical Incident Report	Fire	
16. Develop policy for getting hospital "face sheets"	Fire	
17. Contract with collection agency	Work Group Council	
18. Train employees in completion of required billing information	Fire	
19. Establish internal audit procedures	Finance	
20. Advise public of implementation date - Edmonds quarterly, City websites, Utility bill inserts, Council dais, Channel 21, media releases	All	
21. Review effectiveness and impact	Work Group Council	

22. Modify as appropriate through ordinance, other

Work Group  
City Attorney  
Council

